

ISSUE SLIP STAFF E. AREA (for additional cross references)

7/24/99

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	12-14-91
2	✓	✓	07/21/91
3	✓	✓	12/11/91
4	✓	✓	09/16/93
5	✓	✓	12/17/94
6	✓	✓	
7	✓	✓	
8	✓	✓	
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If more than 150 claims or 10 actions  
 staple additional sheet here

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BEST AVAILABLE COPY